

Orleans After School Activities Program, Inc
P.O. Box 2063
Orleans, MA 02653

Pre-Registration Form 20____ School Year

Child's Name _____

Child's Grade _____ Is your child on an IEP _____ (if yes, you must provide OASAP with a copy)

Allergy or Chronic health condition: No ___ Yes _____

Will Your child need to take medication while at the program No _____ Yes _____

Parent/Guardian's Name _____

Mailing Address _____

Home Phone# _____ Cell Phone # _____

E-Mail _____

Place of Work _____ Work Phone# _____

*IF self-employed you must write name of business.

Days at work _____ Hours at work _____

Parent/Guardian's Name _____

Mailing Address _____

Home Phone# _____ Cell Phone # _____

E-Mail _____

Place of Work _____ Work Phone# _____

*IF self-employed you must write name of business

Days at work _____ Hours at work _____

\$50 Registration Fee **Per Family** Cash _____ Check# _____

Please circle the days that you need your child to attend

MON **TUES** **WED** **THURS** **FRI**

Signature: _____ Date _____